

Fill in this information to identify the case and this filing:

Debtor Name Famulus Health, LLC

United States Bankruptcy Court for the: _____ District of South Carolina
State)

Case number (if known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/1

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

☐ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)

☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)

☐ *Schedule H: Codebtors* (Official Form 206H)

☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)

☐ Amended Schedule _____

☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)

☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/03/2024
MM / DD / YYYY

x 
Signature of individual signing on behalf of debtor

Michael Szwajkos
Printed name

Manager



Fill in this information to identify the case:

Debtor name Famulus Health, LLC

United States Bankruptcy Court for the: _____ District of S. Carolina
(State)

Case number (if known): 24-02019

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	GoodRx, Inc. 2701 Olympic Blvd., West Building, Suite 200 Santa Monica, CA 90404	c/o Weil Gotshal & Manges LLP David Lender david.lender@weil.com		C, D			56,000,000.00
2	Avizva LLC 1818 Library Street Unit 440 Reston, VA 20190	Sharad Kumar sharad@avizva.com					1,273,550.02
3	Change Healthcare PO Box 572490 Murray, UT 84157-2490	Stephanie Mann stephanie.mann@optum.com					704,892.10
4	RelayHealth 1564 N.E. Expressway Atlanta, GA 30329-2010	Stacy McCrommon stacy.mccrommon@relayhealth.com					240,690.00
5	CloudHesive LLC 2419 E. Commercial Blvd, Suite 300 Fort Lauderdale, FL 33308	Kathy Lijoi kathy.lijoi@cloudhesive.com					212,777.08
6	Goodroot, LLC 10 Front St Collinsville, CT 06019	Mike Waterbury mwaterbury@goodrootinc.com					97,500.00
7							
8							

Debtor Famulus Health, LLC
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
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